

SEP 06 2005

Atty Docket No. 015358-004600US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Nguyen, Maikhanh

Group Art Unit 2176

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Nguyen, Maikhanh

CERTIFICATION OF FACSIMILE TRANSMISSION

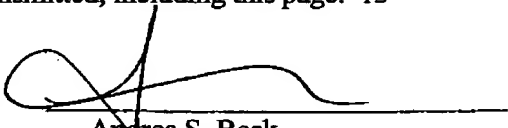
I hereby certify that the following documents in re Application of Stephen Savitzky, et al., Application No. 09/302,552, filed April 30, 1999 for DOCUMENT STORAGE SYSTEM INCLUDING A USER INTERFACE FOR ASSOCIATING DOCUMENTS INTO GROUPS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. Petition for Extension of Time-In Duplicate
3. Amendment-9 Pages

Number of pages being transmitted, including this page: 13

Dated: September 6, 2005


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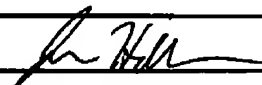
TOWNSEND and TOWNSEND and CREW LLP
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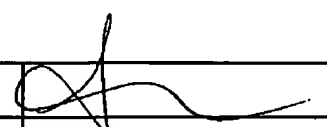
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/302,552	
	Filing Date	April 30, 1999	
	First Named Inventor	Savitzky, Stephen	
	Art Unit	2176	
	Examiner Name	Nguyen, Maikhanh	
Total Number of Pages in This Submission	12	Attorney Docket Number	015358-004600US

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Jonathan M. Hollander		
Date	9/6/05	Reg. No.	48,717

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